

ATTACHMENT B
INJURY/ACCIDENT FORMS

ATTACHMENT B ACCIDENT/LOSS REPORT

*****THIS REPORT MUST BE COMPLETED IN FULL AND SUBMITTED
WITHIN 24 HOURS TO THE REGIONAL HEALTH AND SAFETY MANAGER**

Date of Accident: _____ Company: _____
Time Occurred: _____ Project Number: _____
Where Occurred: _____ Name and Location of Project: _____

PART I — PROPERTY DAMAGE/LOSS

Equipment Involved: _____
Names of Persons Involved: _____
Describe Incident/Damage: _____

Estimated Cost of Damage: _____

***Police Report must be filed on all automobile accidents and on all equipment thefts. Copy of Police Report must also be submitted.**

DRAW A DIAGRAM OF INCIDENT ON THE BACK OF THIS REPORT

PART II — PERSONAL INJURY *(Fill out only if personal injury occurred)*

Name of employee injured: _____ Age: _____ Social Security No. _____
Address: _____ Occupation: _____
What was employee doing when injured: _____
Exact location where injury occurred (station number or prominent landmark): _____

Was place of accident or exposure on job site?: _____
Describe injury: _____

How did injury occur?: _____

Did employee see a doctor or go to the hospital? _____ If yes, give name, address, and phone number of doctor or hospital: _____
Did employee lose time? _____ If yes, how long? _____ Date returned to work: _____

Number of days employee usually worked a week: _____ Number of hours worked: _____

Date of this report: _____ Report prepared by: _____